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#### Report Title

Final Progress Report for W911NF-05-1-0432, Hibernation Strategies to Improve Recovery from Hemorrhagic Shock

#### **ABSTRACT**

The ultimate goal of this project is to protect the warfighter from pathology that occurs as a result of significant blood loss. The overall strategy is to develop an effective fast-acting hemorrhagic shock protection fluid based on the molecular mechanisms used by hibernating mammals to survive reduced blood flow and avoid the consequences of ischemia and reperfusion injury.

The primary deliverable derived from this Phase 1 project is the ability to protect a non-hibernating mammal against injury from hemorrhagic shock. We have already shown in preliminary experiments that ischemic rat livers are protected from damage in vivo by administration of a preconditioning solution based on a molecular profile seen in hibernators. Optimization of a hemorrhagic shock protection fluid in non-hibernating rats, and assaying for their ability to protect against hemorrhagic shock, will serve as a prelude to Phase 2 of the Surviving Blood Loss Program.

The ultimate goal of our work is to protect the warfighter from pathology that occurs as a result of significant blood loss. This effort will concentrate on the preconditioning protection of two organs that are critical for successful recovery from hemorrhagic shock, the heart and brain.

List of papers submitted or published that acknowledge ARO support during this reporting period. List the papers, including journal references, in the following categories:

(a) Papers published in peer-reviewed journals (N/A for none)

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Number of Papers published in peer-reviewed journals: 0.00
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Number of Papers published in non peer-reviewed journals: 0.00
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Klein, A., Drewes, L.R., and Andrews, M.T. (2006) Hibernation Strategies to Improve Recovery from Hemorrhagic Shock. APS Conference on Comparative Physiology, Virginia Beach, VA, October 8-11, 2006, The Physiologist 49, C1-47, Abstract #27.1.
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Number of Peer-Reviewed Conference Proceeding publications (other than abstracts):
(d) Manuscripts
Number of Manuscripts:

Number of Inventions:								
Graduate Students								
NAME Amanda Klein FTE Equivalent: Total Number:	PERCENT_SUPPORTED 0.50 0.50 1	No						
Names of Post Doctorates								
<u>NAME</u>	PERCENT SUPPORTED							
FTE Equivalent: Total Number:								
Names of Faculty Supported								
NAME Matthew T. Andrews Lester R. Drewes FTE Equivalent: Total Number:	PERCENT_SUPPORTED 0.25 0.10 0.35	National Academy Member No No						
Names of Under Graduate students supported								
NAME Scott Wendroth FTE Equivalent: Total Number:	PERCENT_SUPPORTED 0.25 0.25 1	No						
Names of Personnel receiving masters degrees								
NAME								
Total Number:								
Names of personnel receiving PHDs								
<u>NAME</u>								

**Total Number:** 

#### Names of other research staff

NAME PERCENT SUPPORTED

FTE Equivalent: Total Number:

**Sub Contractors (DD882)** 

**Inventions (DD882)** 

## ARO Final Report W911NF-05-1-0432 January 2007

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# Accomplishments Since Last Report

- Acute Blood Loss Experiments using D-BHB
  - Physiological monitoring completed
    - MABP,  $T_b$ , and Heart Rate (BPM)
  - New data from animals completed
- Survival Following Blood Return using D-BHB
  - Physiological monitoring completed
  - New data from animals completed

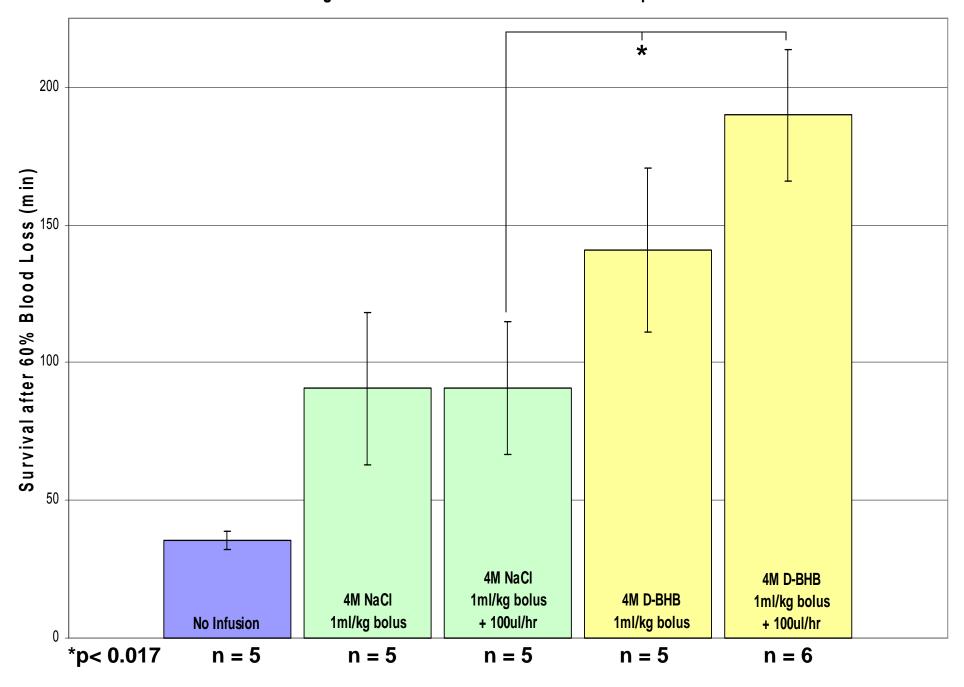
### Acute Experiments

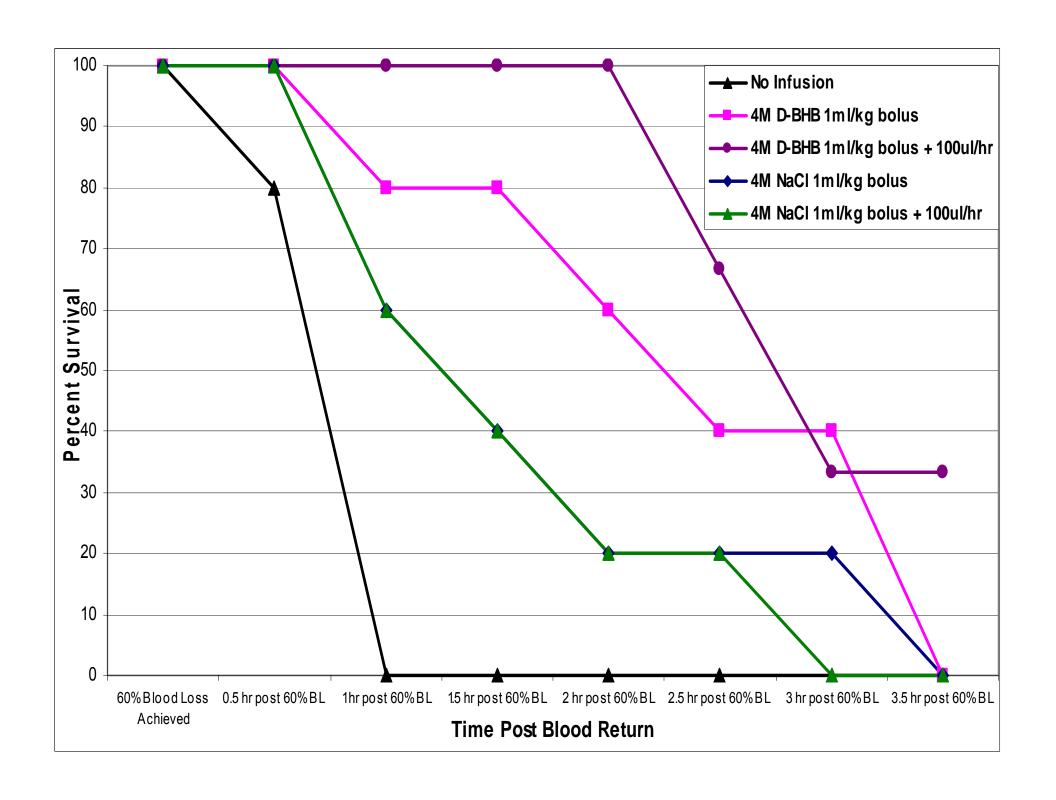
- Revised data on rats subjected to 60% blood loss
- Body temperatures allowed to cool to 27-29°C
- Therapies:
  - Control (no infusion)
  - 4M NaCl 1ml/kg bolus
  - 4M NaCl 1ml/kg bolus + 100 μl/hr infusion
  - 4M D-BHB 1ml/kg bolus
  - 4M D-BHB 1ml/kg bolus + 100 μl/hr infusion

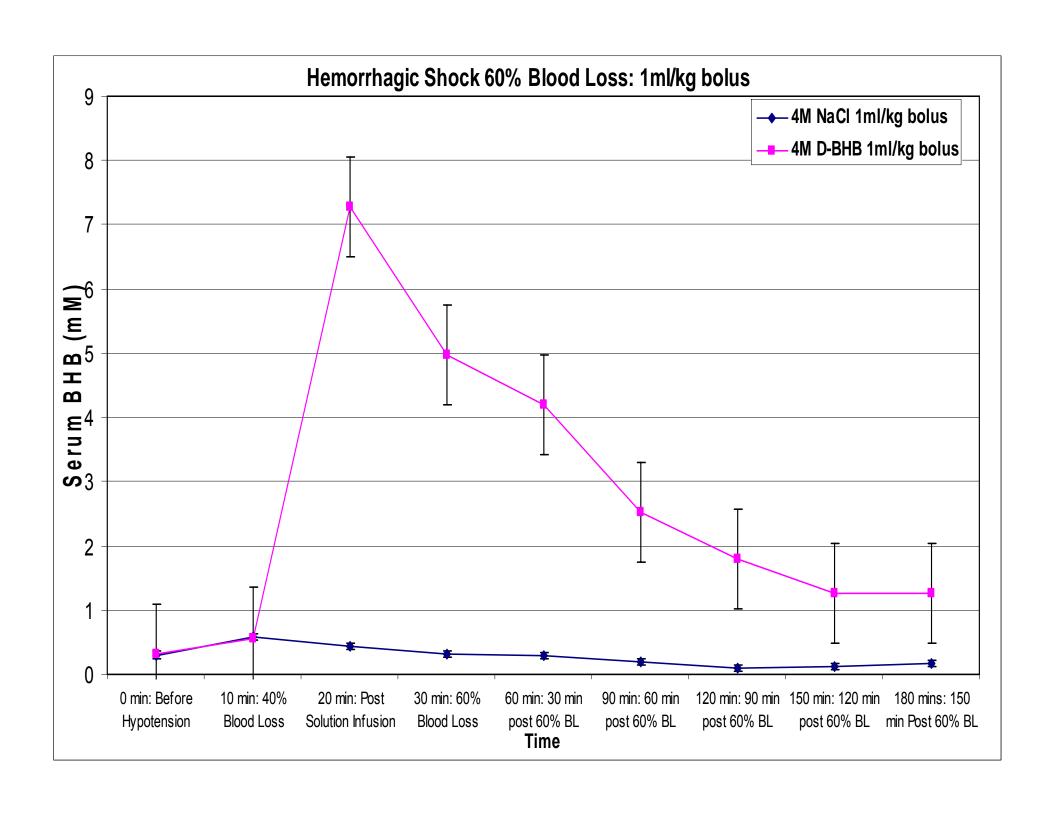
## Acute Experiments

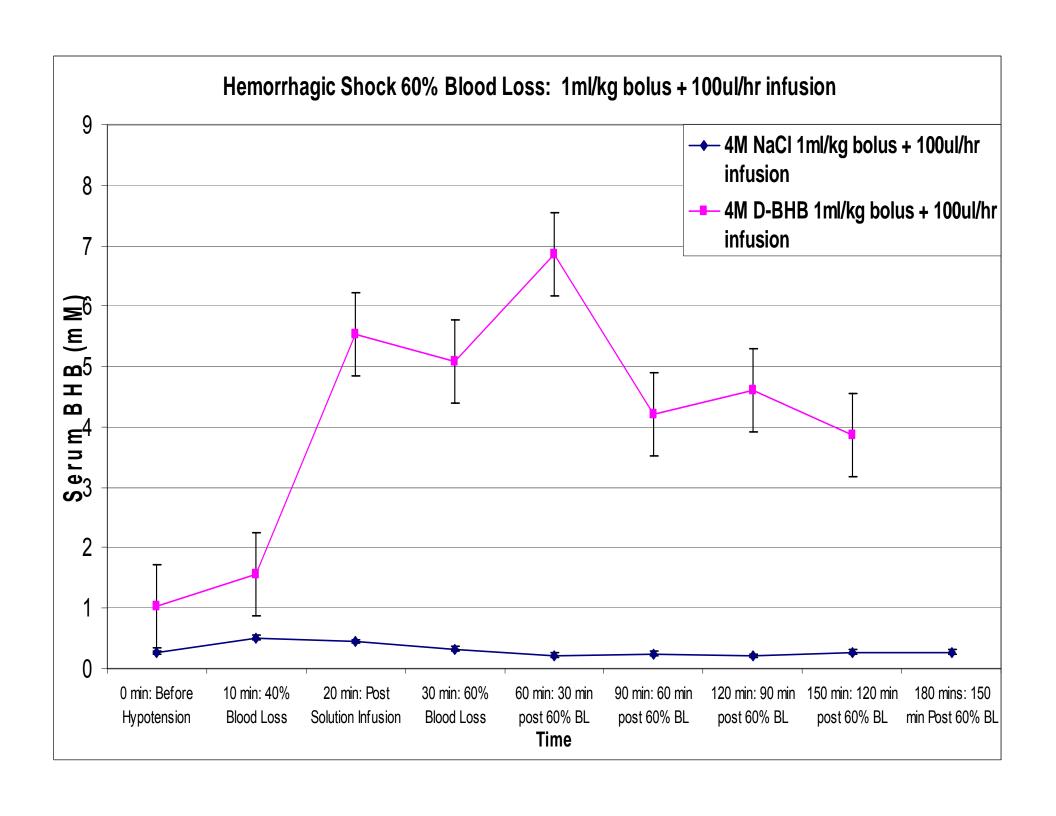
- 60% blood loss for 3 hours for a typical 300 g rat:
  - 10.8 ml blood removal
  - 600 µl solution replaced (~3.3% of original blood volume)

#### Hemorrhagic Shock Model 60% Blood Loss: Acute Experiments



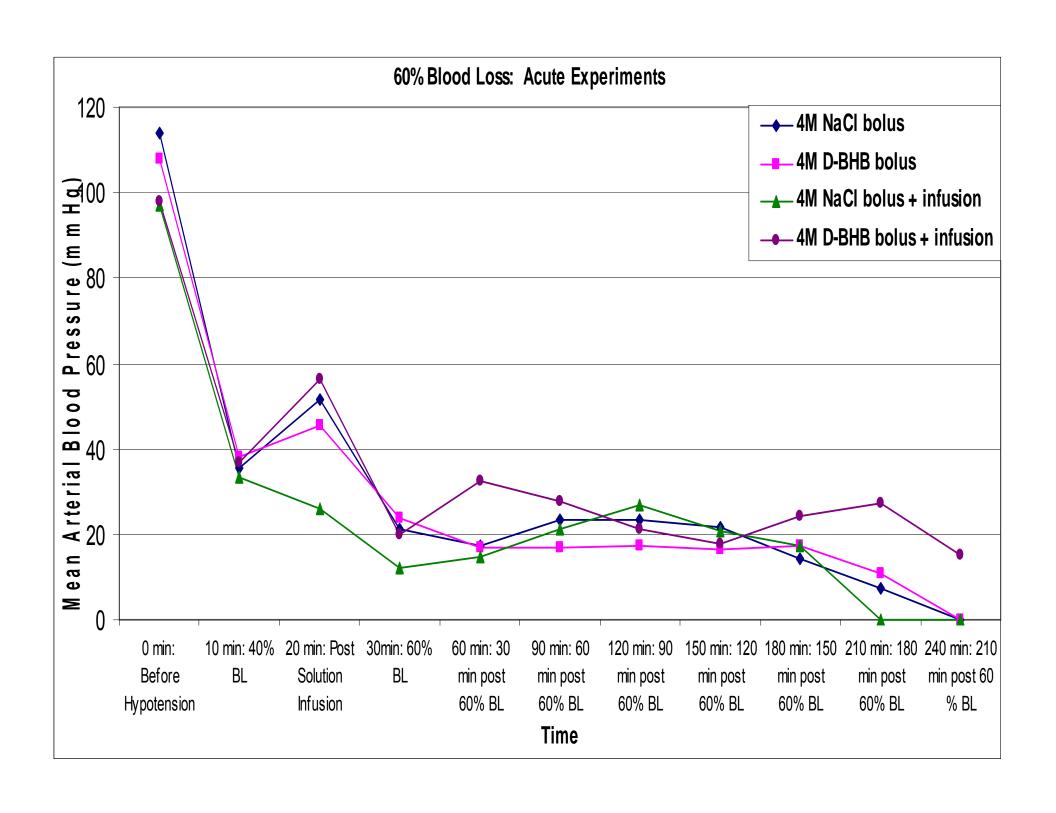


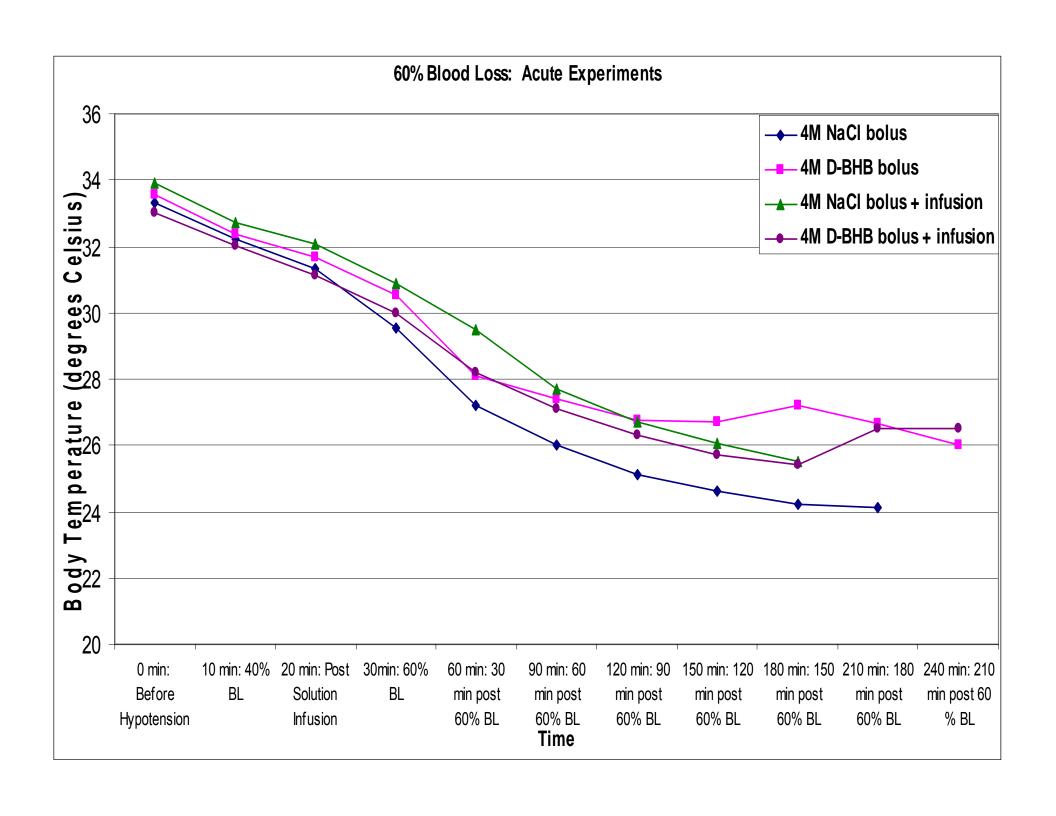


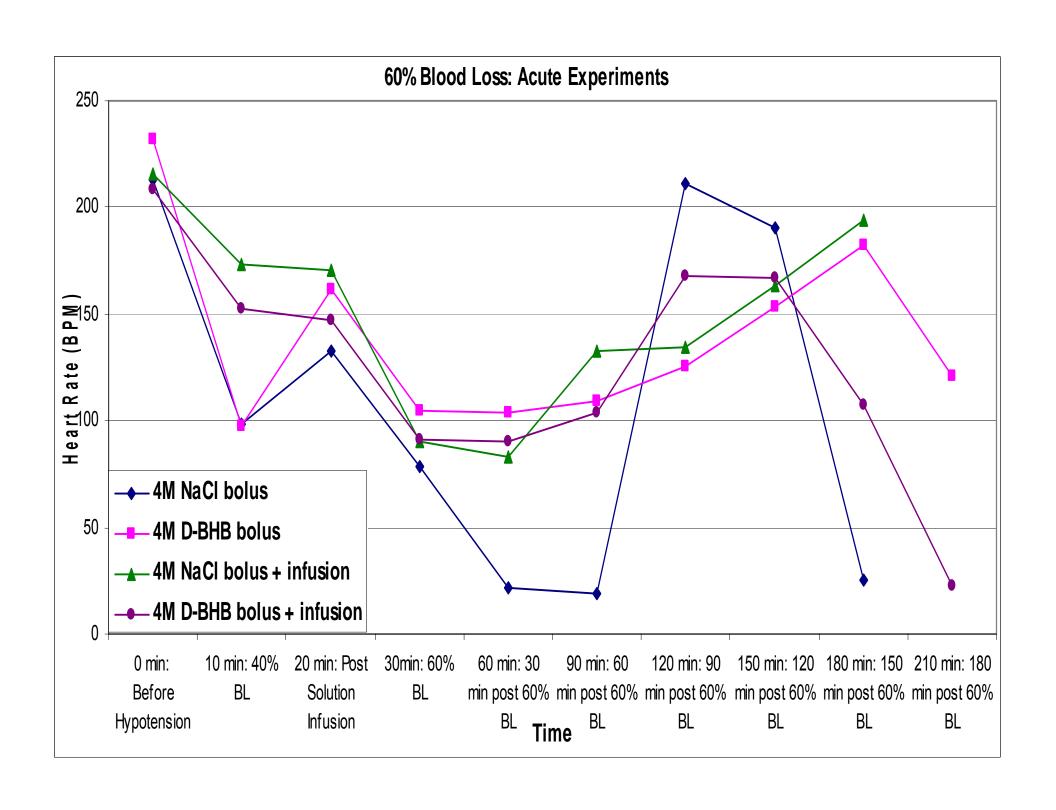


# Physiological Monitoring: Acute Experiments

- What physiological parameters are improved upon infusion with D-BHB?
  - Mean Arterial Blood Pressure (MABP)
  - Body Temperature  $(T_b)$
  - Heart Rate (BPM)
- Are these different from NaCl control?







## Acute Experiment Conclusions

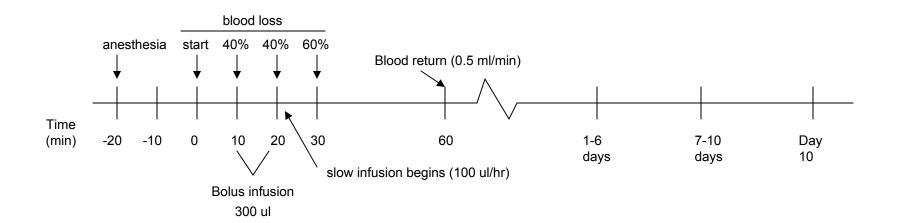
- Serum levels of BHB increase upon infusion
- Mean concentration of circulating BHB as high as 7 mM
- Maintaining elevated concentration of BHB prolongs survival of 60% blood loss to approx.
   3hrs (mean = 189 min)
- Physiological parameters of MABP,  $T_{\rm b}$ , and Heart Rate are generally the same with ketone and control solutions

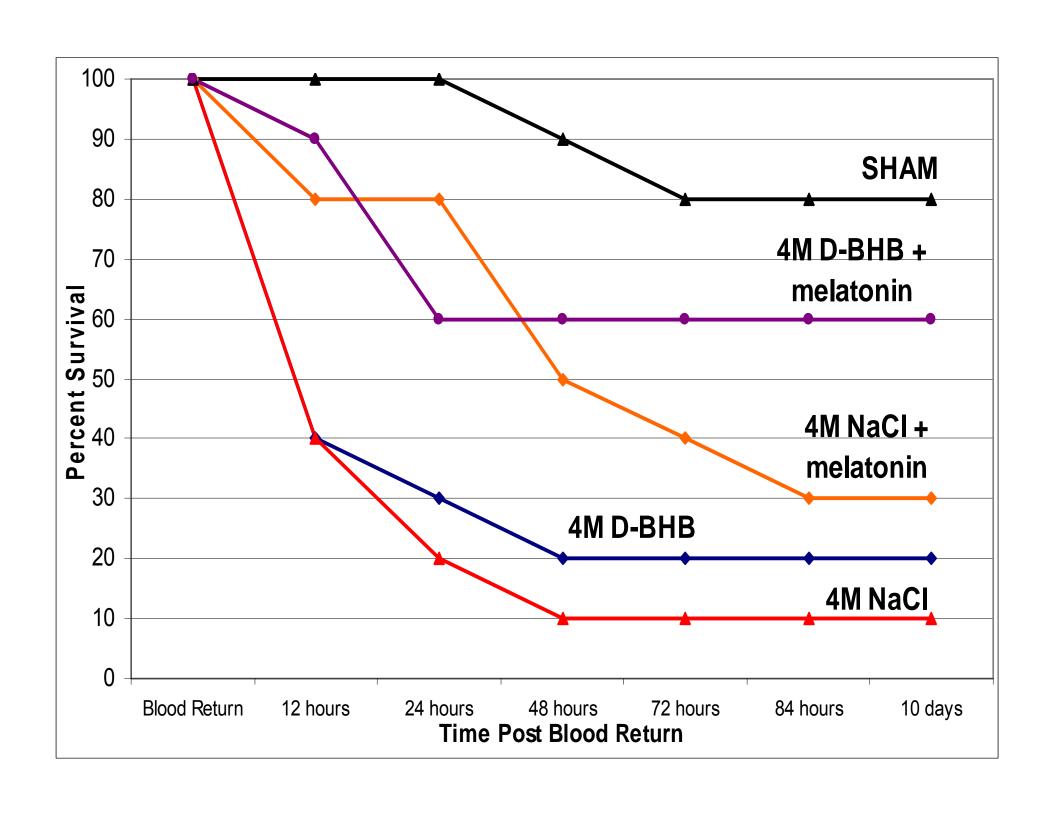
## Survival Experiments

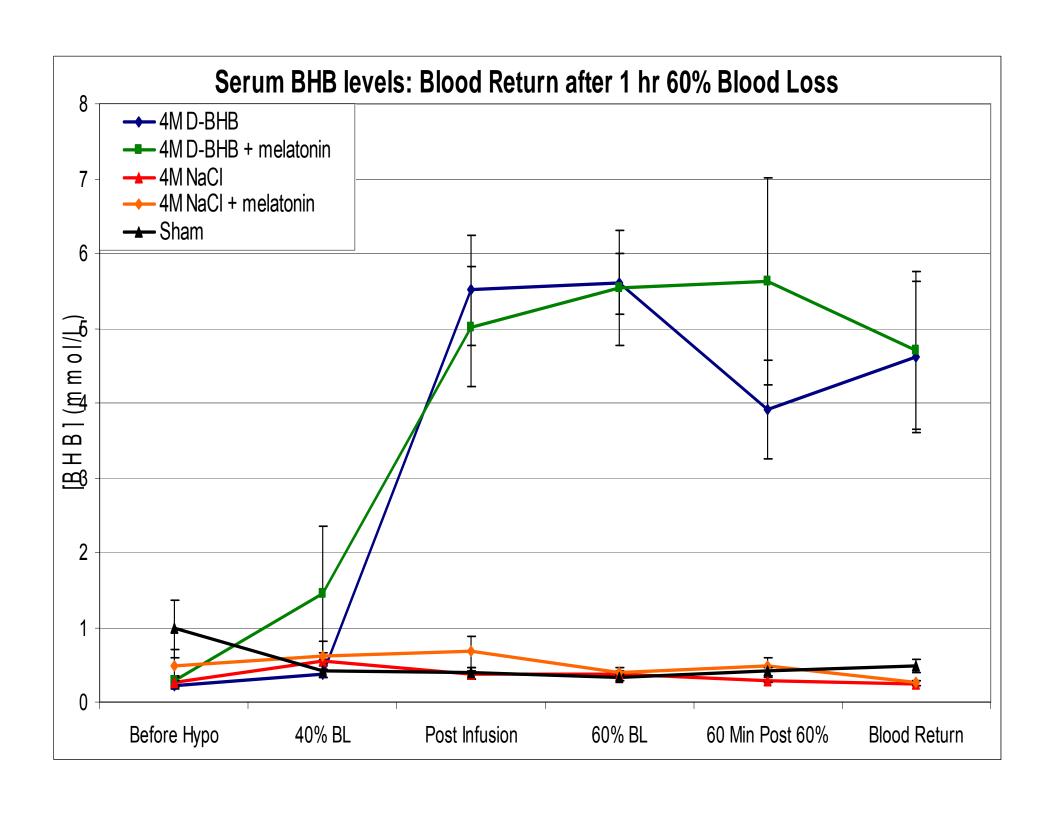
- Animals given shed blood after one hour post 60% blood loss achieved
- Blood return at 0.5 ml/min
- Temperature of shed blood is at the animal's body temperature (27°C – 29°C) when returned
- Animals allowed to recover
- SHAM animals: No blood loss, received anesthesia; and blood samples taken at equivalent time points

#### **Blood Return Experiments**

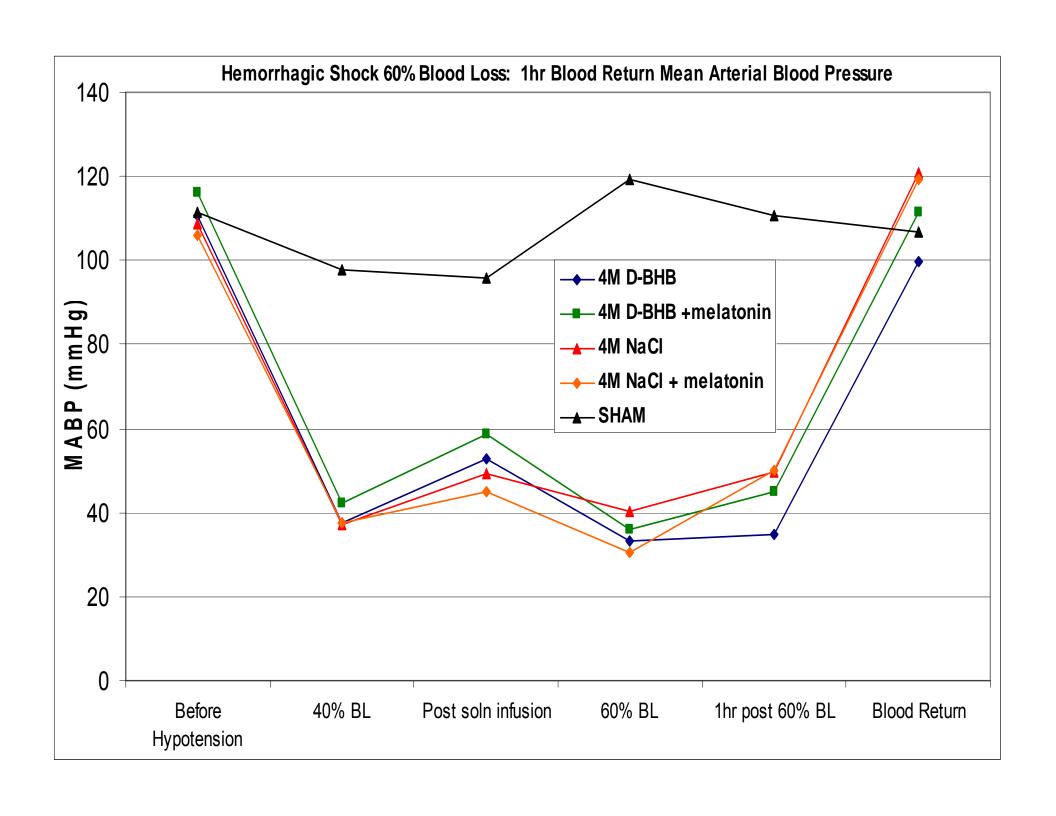
- Return shed blood after 1 hr at 60% BL
- Monitor rats quality of life post blood return
  - Day 1-6: Neurological Scoring
  - Day 7-10: Memory Testing
  - Day 10: Sacrifice → Brain Histology

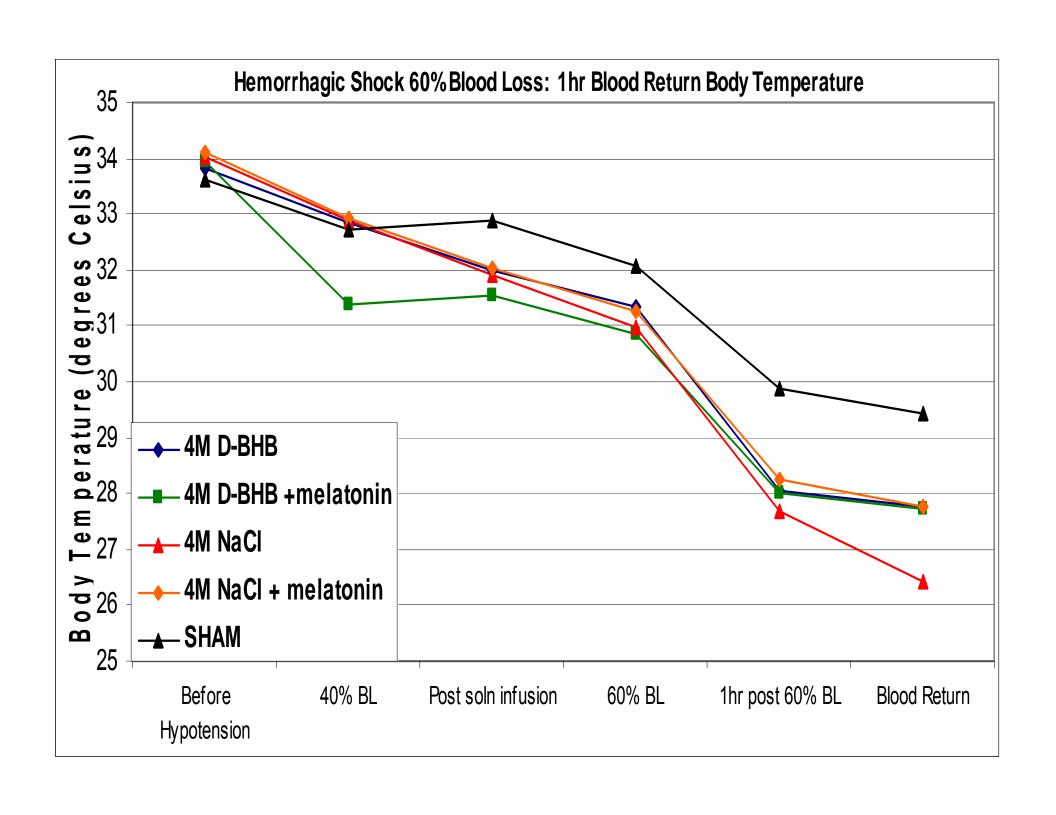


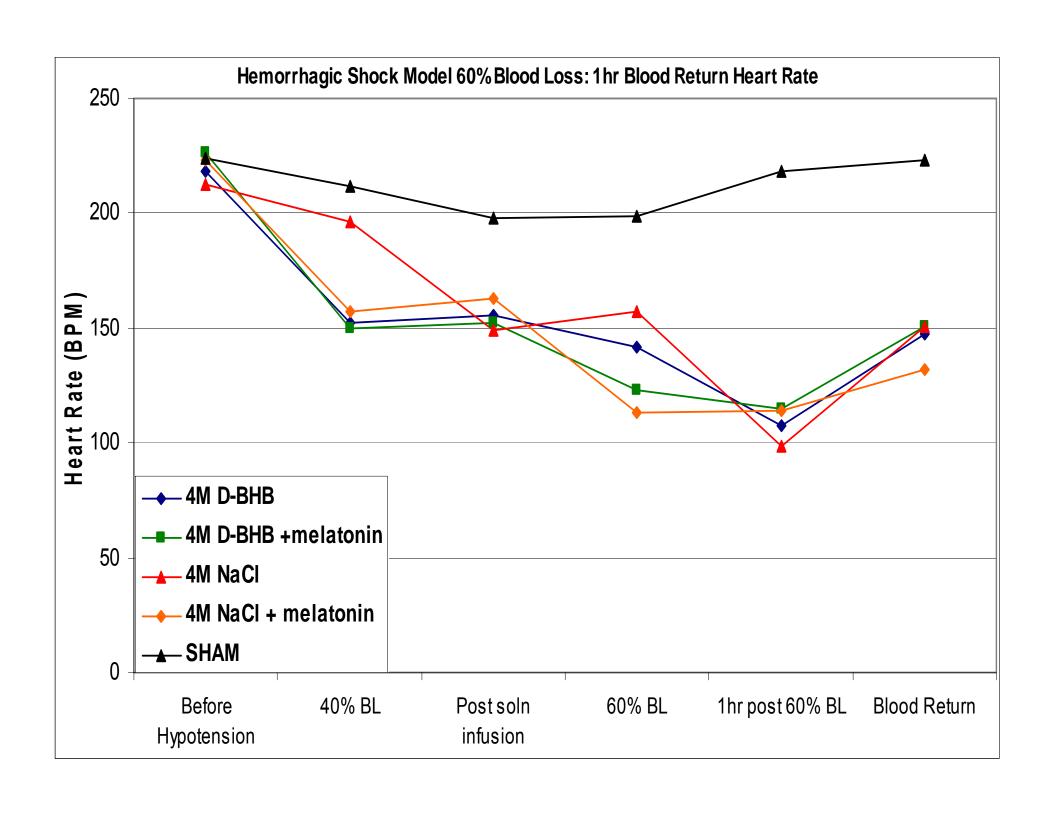




- Does infusion of D-BHB improve physiological parameters upon 60% blood loss?
  - Mean Arterial Blood Pressure (MABP)
  - Body Temperature  $(T_b)$
  - Heart Rate (BPM)
- Are these different from our control, NaCl?







#### Survival Experimental Conclusions

- Kaplan-Meirer graph shows 4M D-BHB + melatonin as greatest survival compared to SHAM animals (n=10)
- Addition of the antioxidant melatonin may play big role in aiding against reperfusion injury upon blood return
- Physiological parameters of MABP,  $T_{\rm b}$ , and Heart Rate are generally the same with ketone and control infusions

## Ongoing Experiments

- Survival Experiments: Data collection and analyze results
  - Neurological Scoring (Days 1-6)
    - Basic behaviors
  - Memory Testing (Days 7-10)
    - Higher order brain processing
  - Histology (Day 10)
    - Brain damage due to 60% blood loss for one hour